Aboriginal Health and Medical Research Council of NSW

Submission on NDIS First Nations Market and Sector Discussion Paper

The AH&MRC Acknowledges the Traditional Owners of the lands on which the AH&MRC stands, the lands of the Bidjigal and Gadigal people of the Eora Nation. The AH&MRC pays respect to Elders past, present and emerging.

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About the AH&MRC

The AH&MRC, formerly the Aboriginal Health Resource Co-op (AHRC) was established in 1985 following a recommendation of the Brereton Report by the NSW Aboriginal Task Force on Aboriginal Health in 1982-83.

The AH&MRC assists the ACCHO Sector across NSW to ensure they have access to an adequately resourced and skilled workforce to provide high-quality health care services for Aboriginal communities.

As the Peak Body for Aboriginal Health in NSW the AH&MRC represents the rights and interests of 52 Member Services. The AH&MRC is committed to the delivery of four key priorities. These are:

- Aboriginal Community Control and Innovation
- Education and Workforce
- Research and Data
- Governance and Finance

The AH&MRC works collaboratively with the ACCHO Sector (the Sector) across NSW to ensure accessibility, sustainability and adequate resourcing of a skilled workforce providing comprehensive primary health care services for Aboriginal communities.

As the peak body for Aboriginal health in NSW, we acknowledge Aboriginal and Torres Strait Islander people as the Traditional Owners of the lands on which we work and live. We respectfully use the term “Aboriginal” to refer inclusively to both Aboriginal and Torres Strait Islander people.

Summary

The AH&MRC welcomes the opportunity to make a submission on behalf of its Members in response to the NDIS First Nations Market and Sector Discussion Paper *(*the Discussion Paper). Released by the National Disability Insurance Agency NDIA under the *Building Culturally Safe Services for First Nations Participants* consultation. The AH&MRC understand that the Discussion Paper will inform the First Nations Market and Sector Development Strategy and Roadmap which aims to expand the role of ACCHOs, ACCOs, and Aboriginal businesses in delivering sustainable, NDIS supports and ensure culturally safe services for all Aboriginal participants by 2030. These form part of the federal governments commitments as part of broader reforms arising from the Disability Royal Commission.

The AH&MRC supports the NDIA’s goal of growing and strengthening ACCHOs to deliver sustainable NDIS supports. However, as highlighted in the Discussion Paper, there are ongoing, well-documented barriers that limit the ability of ACCHOs to deliver disability services and supports sustainably. These barriers include but are not limited to:

- ACCHO funding instability
- access barriers (particularly in regional and remote areas)
- workforce shortages and the lack of Aboriginal representation in the allied health and NDIS workforce
- high cost of delivery in regional and remote areas.

These barriers must be addressed to enable the Sector to deliver sustainable NDIS supports.

AH&MRC response

1. Delivering sustainable community-controlled disability supports to Aboriginal NDIS participants requires dedicated funding and working in true partnership with ACCHOs

ACCHOs play a critical role in delivering culturally safe, community-led care and can improve access to appropriate health and support services for Aboriginal people living with disability. However, this potential can only be realised through stable long-term funding. Current ACCHO funding is fragmented, short-term, and unpredictable, preventing ACCHOs from planning, investing in staff and infrastructure, or maintaining consistent disability services. Some Member Services report that sudden funding lapses can force them to cease services. This erodes community trust and deters ACCHOs from providing disability services due to financial and reputational risks. ACCHOs who provide disability services are often forced to draw on funding from other sources or programs to meet community needs. This practice is neither viable nor sustainable long-term. Strengthening the Aboriginal Community-Controlled Sector, forms Priority Reform Two of the *National Agreement* on *Closing* the *Gap*. However, ACCHOs continue to face challenges in obtaining sufficient, government funding to build their capacity and strengthen delivery. Stable funding mechanisms are urgently required for ACCHOs to support culturally safe, consistent services and to build organisational capacity. This need is more acute in regional and remote areas, where higher service delivery costs[1] and the prevalence of 'thin markets' (caused by low demand or few providers), create gaps between participant needs and available services. Investment in ACCHOs is essential to achieving outcomes for Aboriginal people living with disability and fostering trust within Aboriginal communities.

Alternative commissioning models currently being piloted by the NDIA have potential to improve service viability for ACCHOs in regional, and remote communities. However, the approach to alternative commissioning must be culturally safe, Aboriginal-led, place-based and co-designed with ACCHOs and local communities. Detailed information on the practical implementation of alternative commissioning is limited, and key issues such as funding distribution, oversight, and local ACCHO capacity require careful consideration.

Increasing ACCHO involvement in the NDIS requires secure funding and genuine partnerships with ACCHOs and Aboriginal communities to design and deliver sustainable, culturally safe disability services. However, meaningful progress relies on government agencies, including the NDIA, supporting ACCHOs through reliable and secure funding arrangements and clear funding prioritisation. [2] ACCHOs already carry a substantial reporting burden, and additional reporting, and multiple partnership expectations across government agencies impose significant administrative, financial, and workforce pressures. These demands also create a considerable colonial load, requiring ACCHOs to educate non-Aboriginal people and systems and bridge cultural gaps. Genuine partnerships require appropriate remuneration for ACCHO participation, otherwise partnerships are extractive and unequal. Unpaid labour is not culturally safe.

Additional funding is needed for ACCHOs to effectively support complex cohorts involved in justice and child protection systems

Members report a growing need for support for Aboriginal NDIS participants navigating between the justice and child protection systems. Mainstream providers are often not equipped to handle the nuances of Aboriginal participants leaving the justice system and cannot provide adequate support to reintegrate these participants back into the community. This translates to high recidivism rates as these participants are not adequately supported to achieve success in mainstream providers. Many mainstream NDIS providers avoid Aboriginal participants with

[1] https://assets.pc.gov.au/inquiries/completed/closing-the-gap-review/draft/ctg-review-draft-information3.pdf 18
[2] https://assets.pc.gov.au/inquiries/completed/closing-the-gap-review/draft/ctg-review-draft-information3.pdf

criminal records, leaving ACCHOs to care for a high-needs and resource-intensive cohort. This cohort often includes individuals with intellectual disability, Foetal Alcohol Spectrum Disorder (FASD), or brain injuries who have contact with the justice system and have been rejected by other mainstream providers. This places significant pressure on ACCHOs, requiring specific sector strengthening and additional funding to deliver resource-intensive, wraparound services.

The NDIA must form genuine and equal partnerships with ACCHOs and commit to long-term funding that enables the delivery of flexible and community-led disability supports for all levels of need.

ACCHOs require appropriate long-term funding to deliver culturally safe navigation services, including Aboriginal Disability Liaison Officers

Aboriginal Disability Liaison Officers (ADLOs) provide essential, culturally safe navigation support helping Aboriginal people apply for and access the NDIS, by maintaining engagement and building trust. However, the program is funded by the NDIA through short-term annual grants that create job insecurity, disrupt service continuity and limit ACCHOs' ability to attract and retain ADLOs. Role clarity is also an issue, with some ADLOs focused solely on NDIS access while others take on a broader range of tasks. The NDIS Review recommended introducing a local navigation service or "navigator" role to assist people with disability, participants, and families in accessing foundational, mainstream, community, and NDIS support. Details of the rollout remain limited but there is an expectation that existing support coordination and Local Area Coordinator (LAC) roles may transition into navigators. For ACCHOs, a critical consideration is how the navigator role will be implemented and how LAC/navigator capacity will be strengthened, where the role will sit within service structures and how it will be funded. Specialist Aboriginal Navigators should be embedded within ACCHOs to provide culturally safe navigation services. The AH&MRC notes the navigator role in an ACCHO may be exposed to racism when referring to mainstream services as reported by some Member Services.

The NDIA must provide secure funding for the ADLO program, expand positions to meet community demand and ensure future navigator roles are sustainably funded. Positions should be embedded within ACCHOs, where possible.

2. Embedding cultural safety in NDIA policies, planning and service delivery

Cultural safety is critical to improving the health and wellbeing of Aboriginal people[3] and is defined by the experiences of Aboriginal people, not by organisational claims.[4] Embedding cultural safety requires de-colonising of traditional government-run schemes like the NDIS, resourcing and meaningful engagement with Aboriginal communities and the Sector.

Improving cultural safety for Aboriginal NDIS participants also requires preventing, addressing and eliminating racism at both individual and systemic levels.[5] Aboriginal people with disability experience disproportionately high rates of racism, 42% compared with 32% of those without disability, and are more likely to avoid healthcare and education settings as a result. [6] A NSW study reported non-Aboriginal disability workers being judgemental towards Aboriginal participants, while some Aboriginal disability workers had their Aboriginality questioned by non-Aboriginal workers. [7] Aboriginal people living with disability also face the compounding impacts of intersectional discrimination through their experience of systemic and interpersonal racism and

[3] Cultural safety in health policy and programs - Lowitja Institute
[4] Cultural safety in health policy and programs - Lowitja Institute
[5] Cultural safety in health policy and programs - Lowitja Institute
[6] https://onlinelibrary.wiley.com/doi/10.1002/ajs4.126
[7] https://healthbulletin.org.au/articles/twelve-factors-that-can-influence-the-participation-of-aboriginal-people-in-disability/\

ableism, as well as other forms of discrimination related to age, gender, sexuality, and location. These overlapping forms of discrimination create compounded disadvantage. It is essential the NDIA recognises and addresses racism and intersectional discrimination in the NDIS. Member Services report that their staff, patients, and participants routinely experience individual and systemic racism. One example occurs during referrals from ACCHOs to mainstream services. These referrals often lack collaborative treatment planning and effective communication from the receiving service. Anecdotally, some patients and participants experience further racism after attending the mainstream service. This reinforces the need to prioritise cultural safety and address racism across the disability ecosystem to better support, grow and retain the Aboriginal workforce and to improve outcomes for Aboriginal participants.

Providing disability services can pose reputational risks for ACCHOs due to culturally unsafe policies, systems, and processes beyond their control

ACCHOS are trusted providers of care and best-placed to deliver culturally safe services. However, the NDIS's profit-driven, individualised funding model conflicts with the holistic way in which ACCHOs work with their communities.[8] ACCHOs that want to provide disability services face compounding challenges and reputational risks that erode community trust.[9] These include but are not limited to:

- Culturally unsafe NDIS policies and practices outside ACCHOs' control, yet ACCHOs' continue to bear community responsibility for their impacts.
- Ongoing access barriers such as accessing affordable and culturally safe functional and diagnostic assessments.
- ACCHO funding instability and workforce shortages limiting their capacity to deliver long-term sustainable disability services.
- Legacy issues where Aboriginal people have experienced racism, discrimination or exploitation by individuals or organisations within the NDIS ecosystem, causing deep distrust of the NDIS. The lack of local and culturally appropriate NDIS providers in regional, and remote communities is a form of intersectional discrimination of racism, geographic discrimination and ableism.[10] A 2019 study of regional and remote Aboriginal participants found that individual plan funding was reduced due to underutilisation, even when underutilisation resulted from limited access to supports in regional and remote areas. [11]

Member Services report significant barriers and culturally unsafe NDIS policies and practices including:

- NDIS reliance on documentary evidence requiring multiple appointments with unfamiliar practitioners creating cultural safety risks.
- Mandatory home visits during NDIS intake, which are culturally inappropriate
- Fly-in, fly-out models for allied health workers and NDIS coordinators undermining trust and continuity of care.
- High costs and limited access to culturally safe functional and diagnostic assessments (often over $2,000), especially in regional and remote areas.
- Individual plans are often not adequately funded to cover travel costs of allied health workers for remote areas.
- Lack of culturally safe or valid assessment tools leading to underdiagnosis, misdiagnosis and disengagement.

The NDIA must remove access barriers and culturally unsafe practices and address historical discriminatory practices. With the introduction of the Support Needs

[8] https://www.naccho.org.au/wp-content/uploads/2025/05/NACCHO_ADSReviewSub_FINAL-2024.pdf
[9] https://www.naccho.org.au/wp-content/uploads/2025/05/NACCHO_ADSReviewSub_FINAL-2024.pdf
[10] https://www.sciencedirect.com/science/article/pii/S2949840623000049
[11] https://www.lowitja.org.au/wp-content/uploads/migrate/20190905_NDIS%20Report_final.pdf

Assessments in 2026, the NDIA must ensure assessments are affordable and delivered by staff that have undertaken cultural safety and trauma-informed training.

The NDIA must embed Aboriginal concepts of disability, health, and wellbeing across all NDIS support systems for Aboriginal people with disability

Current NDIS policies undervalue cultural connection, often treating it as discretionary rather than essential. Research indicates providers frequently fail to recognise the importance of cultural identity for Aboriginal participants.[12] NDIS policy and processes concerning connection to culture must be strengthened. New initiatives such as Return to Country funding must be supported by clear policy, operational guidelines, and training to prevent Aboriginal participants being unfairly denied access.

The NDIS must also recognise the unique role of family and kinship in supporting Aboriginal participants. Currently, informal supports (unpaid help from family, friends, or community), can lead to inappropriate reductions in funded supports. For example, if a participant only feels comfortable undertaking an activity with a family member present, this is often treated as "informal support," leading the NDIS to assume there is less need for formal assistance (such as a support worker). This practice disadvantages Aboriginal participants and reduces the overall support they receive whilst undermining cultural needs. It can also result in support from family being weaponised against Aboriginal participants. The NDIA should work with ACCHOs and Aboriginal peak bodies to develop culturally informed parameters for informal supports for Aboriginal participants.

Cultural safety principles and commitments should also be embedded in provider service agreements and in individual support plans. Individual support plans should include:

- Specific cultural events and activities (including family-related cultural leave) that are adequately funded, reflected in care hours and encompass the cultural needs of where the individual currently lives and the Country they are from.
- Funding for mechanisms that support cultural participation, including but not limited to Return to Country trips that are appropriately funded.

The NDIA must embed holistic concepts of disability, health and wellbeing across all NDIS support systems, strengthen cultural connection in policies, processes and individual plans, and create informal support parameters that recognise the critical role families play in cultural safety for Aboriginal participants.

3. Developing strong accountability mechanisms and NDIS provider standards for cultural safety

There is a strong need for Aboriginal oversight in the care of Aboriginal people with disability. ACCHOs, are operated by Aboriginal people for Aboriginal people, and deliver holistic, culturally grounded care. All disability providers require accountability mechanisms to ensure cultural safety is not compromised by operational priorities. While the NDIS Quality and Safeguards Commission is revising practice standards to include cultural safety, this is insufficient without enforceable consequences. The AH&MRC supports the National Aboriginal Community Controlled Health Organisation (NACCHO)'s call for specific Aboriginal cultural safety accreditation standards for

[12] 20190905_NDIS Report_final.pdf

all NDIS providers, [13] [14] supported by tools to measure and track performance across both provider and system levels. [15]

Trauma-informed cultural safety training must be made mandatory and delivered on an ongoing basis across the entire NDIS ecosystem. Training must move beyond a one-off, generic approach and modules must reflect the diversity of Aboriginal identities, histories and local and regional contexts. Place-based-models developed in partnership with ACCHOs, and Aboriginal Land Councils could provide local cultural guidance, but the colonial load, on Aboriginal communities must be recognised and mitigated. It should not be the responsibility of the Aboriginal community to ensure NDIS services are culturally safe and appropriate. Cultural safety learning must be an ongoing personal and organisational journey, embedded institutionally, with supported and resourced initiatives. [16] The forthcoming National Cultural Safety Training Standards from the Lowitja Institute may provide a framework to guide this work.[17]

The NDIA should establish a mechanism that ensures NDIS-related issues and concerns raised by ACCHOs, Aboriginal participants and Aboriginal health and disability workers are acknowledged, investigated, and addressed by the NDIA. ACCHOs must also be supported to contribute to advocacy and provide input on the supports required during plan reviews. A dedicated helpline providing specialised support for Aboriginal participants, their families, and Aboriginal workers within the disability ecosystem would enable issues to be raised directly with the NDIA.

The AH&MRC recommends establishing mandatory cultural safety accreditation standards for all NDIS providers, supported by mandatory, trauma-informed cultural safety training for all NDIS ecosystem staff and a dedicated helpline providing specialised assistance for Aboriginal people.

4. Investment in growing the Aboriginal health and disability workforce in growing the

An Aboriginal workforce is essential for delivering culturally safe and equitable disability support for Aboriginal people with disability.[18] Member Services report a significant lack of Aboriginal representation across the allied health and disability workforces which is a barrier to cultural safety. Regional Members also highlight limited local training pathways, restricting the pool of local, qualified Aboriginal staff. There is an urgent need to strengthen training pathways particularly in regional and remote areas to support Aboriginal people to enter allied health and NDIS related- roles.

These challenges are intensified by widespread shortages across key allied health disciplines such as occupational therapy, speech pathology and psychology, [19] compounded further by funding constraints and regional workforce pressures. Members report long wait times, delays in treatment and staff burnout, with many unable to fund allied health positions for more than one or

[13] https://www.naccho.org.au/wp-content/uploads/2025/05/NDIS-Participant-experience_NACCHO-Submission_FINAL-Mar24.pdf
[14] https://www.naccho.org.au/wp-content/uploads/2025/05/NACCHO_ADSReviewSub_FINAL-2024.pdf
[15] https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031?language=en
[16] Cultural safety in health policy and programs - Lowitja Institute (66)
[17] Cultural safety in health policy and programs - Lowitja Institute
[18] https://onlinelibrary.wiley.com/doi/10.1111/ajr.13020
[19] https://www.ahpa.com.au/election-2025

two days per week. For NDIS roles, some regional ACCHOs face a “chicken and egg” dilemma where full-time positions are needed to attract staff, but service revenue cannot sustain full-time staff. Due to ACCHO workforce shortages and long wait times, individuals have described being forced to access mainstream services that are not culturally safe or trauma informed.

Significant investment is required to expand education and training opportunities and strengthen Aboriginal workforce development across the health and disability sectors. NACCHO’s 2024 Aboriginal and Torres Strait Islander Health and Care Traineeship Framework co-designed with Aboriginal Community Controlled Health Registered Training Organisations ACCHRTOs and ACCHOs provides a culturally safe, community-controlled model for growing a qualified and sustainable Aboriginal health workforce. The framework forms the foundation of the First Nations Health Worker Traineeship Program (FNHWTP), launched in March 2024, which will support up to 500 trainees to become Aboriginal Health Workers or Practitioners by 2027. [20] This program focuses on Vocational Education and Training (VET) but could be adapted to university settings.

The NDIA and all relevant government agencies (at all jurisdictions) must work with the Sector to expand training and development pathways for Aboriginal people.

Recommendations

The AH&MRC recommends:

1. **Delivering sustainable, community-controlled disability supports requires that the NDIA:**
    a. form genuine and equal partnerships with ACCHOs and provide long-term funding so ACCHOs can build capacity to deliver flexible, community-led disability supports, including for cohorts with complex needs.
    b. secure funding for the ADLO program, expand positions to meet community demand and ensure future navigator roles are sustainably funded. Positions should be embedded within ACCHOs, where possible.

2. **The NDIA must partner with ACCHOs and Aboriginal health peaks to embed cultural safety across all NDIS policies, systems and practices by:**
    a. Identifying and addressing racism, unconscious bias, and culturally unsafe policies and practices.
    b. Removing access barriers and addressing historical discrimination to rebuild trust.
    c. Ensuring that Support Needs Assessments (to be rolled out in 2026) are affordable, culturally safe, trauma-informed and delivered appropriately trained staff.
    d. Embedding Aboriginal concepts of disability, health and wellbeing across all NDIS support systems. This includes strengthening cultural connection in policies, processes and individual plans, and creating informal support parameters that recognise the critical role families play in cultural safety for Aboriginal participants.

3. **There should be strong accountability mechanisms for NDIS provider standards by:**
    a. Creating mandatory cultural safety accreditation for all NDIS providers, supported by compulsory trauma-informed, cultural safety training for all workers in the NDIS ecosystem
    b. Consideration of a dedicated helpline providing specialised assistance for Aboriginal people.

[20] https://www.naccho.org.au/wp-content/uploads/2024/11/FNHWTP-Traineeship-Framework-March-2024.pdf

4. The NDIA and all relevant government agencies (at all jurisdictions) must work with the Sector to expand Aboriginal workforce pathways by:
    a. increasing supply-side, place-based education and training pathways, including expanding the First Nations Health Worker Traineeship Program program
    b. providing secure, long-term ACCHO funding to support recruitment, retention, competitive pay and investment in cadetships and mentoring programs.



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